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F A C S I M I L E

Name: U.S. Patent & Trademark Office

FAX: (703) 872-9306

Application No.: 10/702,202

Filing Date: November 4, 2003

Inventor: RUSS et al.

Art Unit: 2879

Examiner: PATEL, Ashok

From: Scott J. Menghini, Reg. No. 42,880

Today's Date: December 20, 2004

Attorney Docket No.: 81163/7114

Pages: 17 pages (including this 1-page coversheet)

Dispatched by: Leticia M. Hillary

Transmitted herewith for filing via facsimile:

Transmittal Form (1 pg.);
 Fee Transmittal (1 pg.);
 Amendment "B" (12 pgs.);
 Two Terminal Disclaimers (2 pgs.);
 Fax coversheet (1 pg.)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Transmittal Form

(to be used for all correspondence after initial filing)

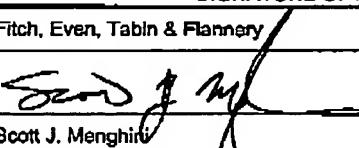
Transmittal Form <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/702,202
		Filing Date	November 4, 2003
		First Named Inventor	RUSS
		Art Unit	2879
		Examiner Name	PATEL, Ashok
Total Number of Pages in This Submission	17	Attorney Docket Number	81163/7114

ENCLOSURES (CHECK ALL THAT APPLY)

<input checked="" type="checkbox"/> Fee Transmittal Form (1pg.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (12 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (2 pgs.) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeals Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1 pg.)
1) Fax Coversheet Remarks:		

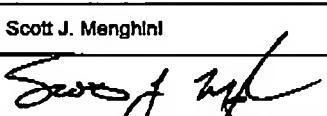
Customer Number: 37123

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm name	Fitch, Even, Tabin & Flannery		
Signature			
Printed Name	Scott J. Menghini		
Date	December 20, 2004	Reg No.	42,880

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Scott J. Menghini		
Signature		Date	December 20, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DON NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL FOR FY 2005

Express Mail Label No.

		Complete if Known	
Application Number	10/702,202		
Filing Date	November 4, 2003		
First Named Inventor	RUSS		
Examiner Name	PATEL, Ashok		
Art Unit	2879		
TOTAL AMOUNT OF PAYMENT	(\$260.00)	Attorney Docket No.	81163/7114

METHOD OF PAYMENT (Check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 06-1135 Deposit Account Name: Fitch, Even, Tabln & Flannery
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING FEE, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent **Fee (\$)** **Small Entity Fee (\$)**
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent **Fee (\$)** **Small Entity Fee (\$)**
Multiple dependent claims **Fee (\$)** **Small Entity Fee (\$)**

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims** **Fee (\$)** **Fee Paid (\$)**

-20 or HP = **X** = **Fee (\$)** **Fee Paid (\$)**
HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
- 3 or HP = **X** = **Fee (\$)** **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100=	/50=	(round up to a whole number) X	_____	= _____

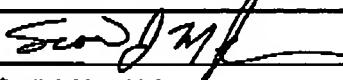
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer Fee under 37 CFR 1.20(d), Fee Code 1814, \$130 each - Submitting Two Disclaimers

\$260.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,880	Telephone	(868)552-1311
Name (Print/Type)	Scott J. Menghini	Date	December 20, 2004		

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DEC 20 2004

DOCKET NO. 81163/7114

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.: 10/702,202
 Applicants: Russ et al.
 Filed: 11/04/2003
 Title: FIELD EMISSION DISPLAY
 UTILIZING A CATHODE
 FRAME-TYPE GATE
 Examiner: Patel, Ashok
 Art Unit: 2879
 Customer No.: 37123
 Confirm. No.: 7112

Certificate of Transmission/Mailing

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12/20/04

Date

Scott J. Menghini
Registration No. 42,880
Attorney for Applicant(s)

AMENDMENT B

Hon. Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed September 21, 2004, Applicants provide the following:

Amendments to the Claims are reflected in the Listing of Claims that begins on page 2.

Remarks begin on page 5.